

Return of Organization Exempt From Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, or tax year period beginning October 16, 2000, and ending May 31, 2001

| | | | |
|--|---|--|--|
| B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return | Please use IRS label or print or type See Specific Instructions | C Name of organization BENEVOLENT HEALTHCARE FOUNDATION | D Employer identification number 84-1568566 |
| | | Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 651 | E Telephone number (303) 727-9414 |
| | | City or town, state or country, and ZIP code EVERGREEN, CO 80437 | F Check <input type="checkbox"/> if application pending |

G Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 527 or 4947(a)(1)
 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list See inst)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no (GEN) ▶
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

| | | | | | |
|--|---|------------|--------------|--------------|--------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | | | 1d | 1,000 |
| | a Direct public support | 1a | 1,000 | | |
| | b Indirect public support | 1b | | | |
| | c Government contributions (grants) | 1c | | | |
| | d Total (add lines 1a through 1c) (cash \$ <u>1,000</u> noncash \$ _____) | | | 1d | 1,000 |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | 0 |
| | 3 Membership dues and assessments | | | 3 | |
| | 4 Interest on savings and temporary cash investments | | | 4 | |
| | 5 Dividends and interest from securities | | | 5 | |
| | 6a Gross rents | 6a | | | |
| | b Less rental expenses | 6b | | | |
| | c Net rental income or (loss) (subtract line 6b from line 6a) | | | 6c | 0 |
| 7 Other investment income (describe ▶) | | | 7 | | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | | |
| | | 8a | | | |
| | | 8b | | | |
| | c Gain or (loss) (attach schedule) | 0 | 8c | 0 | |
| d Net gain or (loss) (combine line 8c, columns (A) and (B)) | | | 8d | 0 | |
| 9 Special events and activities (attach schedule) | a Gross revenue (not including \$ _____ of contributions reported on line 1a) | 9a | | | |
| | b Less direct expenses other than fundraising expenses | 9b | | | |
| | c Net income or (loss) from special events (subtract line 9b from line 9a) | | | 9c | 0 |
| 10a Gross sales of inventory, less returns and allowances | | 10a | | | |
| | b Less cost of goods sold | 10b | | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | 10c | 0 |
| 11 Other revenue (from Part VII, line 103) | | | 11 | 0 | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | 12 | 1,000 | |
| Expenses | 13 Program services (from line 44, column (B)) | | | 13 | 0 |
| | 14 Management and general (from line 44, column (C)) | | | 14 | 0 |
| | 15 Fundraising (from line 44, column (D)) | | | 15 | 0 |
| | 16 Payments to affiliates (attach schedule) | | | 16 | |
| | 17 Total expenses (add lines 16 and 44, column (A)) | | | 17 | 0 |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 1,000 |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 0 |
| | 20 Other changes in net assets or fund balances (attach explanation) | | | 20 | |
| | 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | 21 | 1,000 |

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Part IV Balance Sheets (See Specific Instructions on page 23)

| Note | | Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | | (A) Beginning of year | | (B) End of year |
|---|--|---|--|--------------------------|-----|--------------------|
| Assets | 45 | Cash—non-interest-bearing | | | 45 | 1,000 |
| | 46 | Savings and temporary cash investments | | | 46 | |
| | 47a | 47a | Accounts receivable | | | |
| | | 47b | b Less allowance for doubtful accounts | | 47c | 0 |
| | 48a | 48a | Pledges receivable | | | |
| | | 48b | b Less allowance for doubtful accounts | | 48c | 0 |
| | 49 | Grants receivable | | | 49 | |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | | 50 | |
| | 51a | 51a | Other notes and loans receivable (attach schedule) | | | |
| | | 51b | b Less allowance for doubtful accounts | | 51c | 0 |
| | 52 | Inventories for sale or use | | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | | 53 | |
| | 54 | Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | | 54 | |
| | 55a | 55a | Investments—land, buildings, and equipment basis | | | |
| | | 55b | b Less accumulated depreciation (attach schedule) | | 55c | 0 |
| | 56 | Investments—other (attach schedule) | | | 56 | |
| | 57a | 57a | Land, buildings, and equipment basis | | | |
| | | 57b | b Less accumulated depreciation (attach schedule) | | 57c | 0 |
| | 58 | Other assets (describe <input type="checkbox"/>) | | | 58 | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | | | | 0 | 59 | 1,000 |
| Liabilities | 60 | Accounts payable and accrued expenses | | | 60 | |
| | 61 | Grants payable | | | 61 | |
| | 62 | Deferred revenue | | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | | 63 | |
| | 64a | Tax-exempt bond liabilities (attach schedule) | | | 64a | |
| | | b Mortgages and other notes payable (attach schedule) | | | 64b | |
| | 65 | Other liabilities (describe <input type="checkbox"/>) | | | 65 | |
| 66 Total liabilities (add lines 60 through 65) | | | | 0 | 66 | 0 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | | |
| | 67 | Unrestricted | | | 67 | |
| | 68 | Temporarily restricted | | | 68 | |
| | 69 | Permanently restricted | | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74 | | | | | |
| | 70 | Capital stock, trust principal, or current funds | | | 70 | 1,000 |
| | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| | 72 | Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| 73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | | | | 0 | 73 | 1,000 |
| 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | | | | 0 | 74 | 1,000 |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

| | | | |
|----------|--|----------|-------|
| a | Total revenue, gains, and other support per audited financial statements ▶ | a | 1,000 |
| b | Amounts included on line a but not on line 12, Form 990 | b | 0 |
| | (1) Net unrealized gains on investments \$ _____ | | |
| | (2) Donated services and use of facilities \$ _____ | | |
| | (3) Recoveries of prior year grants \$ _____ | | |
| | (4) Other (specify) _____ | | |
| | \$ _____ | | |
| | Add amounts on lines (1) through (4) ▶ | b | 0 |
| c | Line a minus line b ▶ | c | 1,000 |
| d | Amounts included on line 12, Form 990 but not on line a. | d | 0 |
| | (1) Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| | (2) Other (specify) _____ | | |
| | \$ _____ | | |
| | Add amounts on lines (1) and (2) ▶ | d | 0 |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 1,000 |

| | | | |
|----------|--|----------|---|
| a | Total expenses and losses per audited financial statements ▶ | a | |
| b | Amounts included on line a but not on line 17, Form 990 | b | 0 |
| | (1) Donated services and use of facilities \$ _____ | | |
| | (2) Prior year adjustments reported on line 20 Form 990 \$ _____ | | |
| | (3) Losses reported on line 20, Form 990 \$ _____ | | |
| | (4) Other (specify) _____ | | |
| | \$ _____ | | |
| | Add amounts on lines (1) through (4) ▶ | b | 0 |
| c | Line a minus line b ▶ | c | 0 |
| d | Amounts included on line 17, Form 990 but not on line a. | d | 0 |
| | (1) Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| | (2) Other (specify) _____ | | |
| | \$ _____ | | |
| | Add amounts on lines (1) and (2) ▶ | d | 0 |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 0 |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|--|--|---|---|--|
| JAMES JACKSON PO BOX 651, EVERGREEN, CO 80439 | CHAIR 40 HOURS | 0 | 0 | 0 |
| DOUG JACKSON PO BOX 195, EVERGREEN, CO 80439 | PRESIDENT 40 HOURS | 0 | 0 | 0 |
| DEL PARKER ANAHEIM, CALIFORNIA | VICE PRESIDENT 15 HOURS | 0 | 0 | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see Specific Instructions on page 26

| Part VI Other Information (See Specific Instructions on page 26) | | N/A | Yes | No |
|---|--|-----|-----|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 77 | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | | X |
| b | If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | | |
| 81a | Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 | 81a | | |
| b | Did the organization file Form 1120-POL for this year? | 81b | | X |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) | 82b | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | 85b | | |
| c | Dues, assessments, and similar amounts from members | 85c | | |
| d | Section 162(e) lobbying and political expenditures | 85d | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | 85g | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | | |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | 86a | | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders | 87a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | | X |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/> | | | |
| b | 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> | | | 0 |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> | | | 0 |
| 90a | List the states with which a copy of this return is filed <input type="checkbox"/> NONE | | | |
| b | Number of employees employed in the pay period that includes March 12, 2000 (See inst) | 90b | | 0 |
| 91 | The books are in care of <input type="checkbox"/> DOUG JACKSON Telephone no <input type="checkbox"/> (303) 674-6304 Located at <input type="checkbox"/> SEE PAGE I ZIP code <input type="checkbox"/> | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 | | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512 513 or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0 | | 0 | 0 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 0 |

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---------|--|
| ▼ | |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge

3-15-02
Date

WILLIAM DOUGLAS JACKSON
PRESIDENT / CEO
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2000

Supplementary Information—(See separate instructions.)

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

BENEVOLENT HEALTHCARE FOUNDATION

84 1568566

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | |

Part III Statements About Activities

| | Yes | No |
|---|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | X |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: | | |
| a Sale, exchange, or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | X |
| e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? | | X |
| 4a Do you have a section 403(b) annuity plan for your employees? | | X |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) | | |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total | |
|---|---|--------------------|----------|----------|------------|-----|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | | | | | | |
| 16 Membership fees received | | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose | | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | | | | | | |
| 23 Total of lines 15 through 22 | | | | | | |
| 24 Line 23 minus line 17 | | | | | | |
| 25 Enter 1% of line 23 | | | | | | |
| 26 Organizations described on lines 10 or 11: | a Enter 2% of amount in column (e), line 24 | | | | 26a | |
| | b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. | | | | 26b | |
| | c Total support for section 509(a)(1) test. Enter line 24, column (e). | | | | 26c | |
| | d Add Amounts from column (e) for lines 18 _____ 19 _____ | | | | 26d | |
| | | 22 _____ 26b _____ | | | | 26e |
| | e Public support (line 26c minus line 26d total) | | | | 26e | |
| | f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | 26f % | |
| 27 Organizations described on line 12: | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. | | | | | |
| | (1999) 0 | (1998) 0 | (1997) 0 | (1996) 0 | | |
| | b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. | | | | | |
| | (1999) 0 | (1998) 0 | (1997) 0 | (1996) 0 | | |
| | c Add Amounts from column (e) for lines 15 _____ 16 _____ | | | | 27c 0 | |
| | | 17 _____ 20 _____ | | | 27d 0 | |
| | d Add Line 27a total _____ 0 and line 27b total _____ 0 | | | | 27e 0 | |
| | e Public support (line 27c total minus line 27d total) | | | | | |
| | f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) | | | | 27f | |
| | g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | 27g 0.00 % | |
| | h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | 27h 0.00 % | |
| 28 Unusual Grants | For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.) | | | | | |

Part V Private School Questionnaire (See page 5 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | Yes | No |
|--|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) | | |
| 32 Does the organization maintain the following | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 33 Does the organization discriminate by race in any way with respect to | | |
| a Students' rights or privileges? | | |
| b Admissions policies? | | |
| c Employment of faculty or administrative staff? | | |
| d Scholarships or other financial assistance? | | |
| e Educational policies? | | |
| f Use of facilities? | | |
| g Athletic programs? | | |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 34a Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked "a" above and "limited control" provisions apply

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|--|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 | 41 | 0 |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | |

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots nontaxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

| Yes | No | Amount |
|-----|----|--------|
| X | | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)
Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization BENEVOLENT HEALTHCARE FOUNDATION | Employer identification number 84 1568566 |
| File by the due date for filing your return See instructions. | Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 651 | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions EVERGREEN, CO 80437 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **JANUARY 15** , 200**2** , to file the exempt organization return for the organization named above The extension is for the organization's return for
 ▶ calendar year 20 ____ or
 ▶ tax year beginning **OCTOBER 16** , 2000 , and ending **MAY 31** , 2001 .

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ **CPA** Date ▶ **10-15-01**

For Paperwork Reduction Act Notice, see Instruction MGA Form **8868** (12-2000)

COPY

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

| | | |
|--|--|---|
| Type or print File by the extended due date for filing the return. See instructions | Name of Exempt Organization BENEVOLENT HEALTHCARE FOUNDATION | Employer identification number 84 1568566 |
| | Number, street, and room or suite no. If a P O box, see instructions P O. BOX 651 | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions EVERGREEN, CO 80437 | |

Check type of return to be filed (File a separate application for each return)

- Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870
- Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until April 15, 2002.
- For calendar year _____, or other tax year beginning October 16, 2000 and ending May 31, 2001.
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- State in detail why you need the extension
Additional time is needed to gather information necessary to file a complete and accurate return
- a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature Denise S. Reynolds Title CPA Date 11/11/02

Notice to Applicant—To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown above or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date 11-01-02 59 RCVD

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

| | |
|---------------|--|
| Type or print | Name Reynolds, Henrie & Associates |
| | Number and street (include suite, room, or apt. no.) Or a P O. box number 5200 So DTC Parkway, Suite 300 |
| | City or town, province or state, and country (including postal or ZIP code) Greenwood Village, CO 80111 |